



ANZAC TERRACE PRIMARY SCHOOL
MEDICAL DETAILS FORM – EXCURSIONS

Year Level _____

Rm No: _____

STRICTLY CONFIDENTIAL

This information is required before each student can participate in an excursion. It will assist the school and supervising teachers in the preparation, planning and conduct of an excursion. This form need only be completed once EACH YEAR.

STUDENT DETAILS:

Student's Name: _____ Date of Birth: _____

Parent/Guardian's full name: _____

Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (Mob) _____

Name of Family Doctor: _____ Telephone: _____

MEDICAL DETAILS:

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his/her safety during the excursion? Yes No

If 'Yes' please give details: _____

Is your child allergic to?

Penicillin Any food Please give details _____

Other Any other Drugs _____

Date of last tetanus vaccination: _____

Medication

Parents / Guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursion.

Is your child presently taking tablets and / or other forms of medication? Yes No

Does your child self-administer the medication? Yes No

If 'Yes' state the name of medication, dosage and frequency of use:

OTHER INFORMATION

Please provide any other information about your child, which will enable the organisers of the excursion to provide better care for your child.

CONSENT

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should consent be considered necessary, school staff will arrange to present my child for medical assessment, and / or treatment.

Signature: _____
Parent / Guardian

Date: _____